07640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin. LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) West St.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) J. (Last) Adkins
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 7, 1860
9. AGE last birthday 90 yrs. If under 1 year: Months 2, Days 12; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm.
11. BIRTHPLACE (State or foreign country) Snow Hill, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John B. Adkins
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 220-01-9239
17. INFORMANT Mrs. Susie Winbrough.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis & Chr. Nephritis

131a (c) With Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to July 19, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE Chas. R. Law (Degree or title) MD ADDRESS Berlin Md DATE SIGNED July 20 - 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/21/50 NAME OF CEMETERY OR CREMATORY M. Protestant Cem. LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7-21-50 REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
JUL 25 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

07641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.L.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.L.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Martin (Last) Byrd.

4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1950

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7/13/83

9. AGE last birthday 67 yrs. If under 1 year Months 0 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister

10b. KIND OF BUSINESS OR INDUSTRY Methodist

11. BIRTHPLACE (State or foreign country) Mappsville Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas S. Byrd

14. MOTHER'S MAIDEN NAME Annie Lt. Kelley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. E. M. Byrd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Intestines

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

46e

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1950, to July 24, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Chas. R. Law (Degree or title) MD ADDRESS Berlin Md DATE SIGNED 7-25-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/29/50

NAME OF CEMETERY OR CREMATORY Methodist

LOCATION (City, town, or county) Pocomoke City (State) Md

DATE REC'D BY LOCAL REG. 7-27-50

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

V0894

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JUL 27 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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07642

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Worcester ~~Wicomico~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Russell Derickson

4. DATE OF DEATH (Month) (Day) (Year): 7 - 5 - 1950

5. SEX: Male
6. COLOR OR RACE: a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-22-'05
9. AGE last birthday: 44 yrs. If under 1 year: Months 10, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory
10b. KIND OF BUSINESS OR INDUSTRY: Chicken Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Edward J. Derickson
14. MOTHER'S MAIDEN NAME: Phyllis Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): ✓
16. SOCIAL SECURITY No.: 212-16-1218.
17. INFORMANT AND ADDRESS: Mrs. Margaret Derickson, Berlin, Md. Rt. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 8 Mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002x

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1950, to July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE: Nathaniel L. Thomas (Degree or title) M.D. ADDRESS: 703 Bulto Ave, Ocean City, Md. DATE SIGNED: 6 July 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 7-8-'50
NAME OF CEMETERY OR CREMATORY: Davis' Cemetery
LOCATION (City, town, or county): Sinepuxent Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG.: 7-7-50
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: James B. Dorsiell, Salisbury Md. ADDRESS

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JUL 10 1950
BUREAU V. S.

07643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 Cedar St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke city, md.
STREET ADDRESS (If rural give location) 602 Cedar St.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) (Last) DICKSON
4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1950
5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-6-94
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT William Dickson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334x	Immediate cause	(a) Apoplexy	5 Days
83a	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to July 5, 1950, that I last saw the deceased alive on July 4, 1950 and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [signature] DATE SIGNED 7-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-9-50
NAME OF CEMETERY OR CREMATORY Trinity cemetery
LOCATION (City, town, or county) Pocomoke R.1 (State) Md.
DATE REC'D BY LOCAL REG. July 6, 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Bosper M. West
ADDRESS Salisbury Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1950
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07644

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Front St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 13 Front St

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) L. (Last) DRYDEN

4. DATE OF DEATH: (Month) (Day) (Year) July 18, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 30, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Lankford

14. MOTHER'S MAIDEN NAME: Juliet Corbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Lottie Salverson, 282 Rose Ave. New Dorp, N Y

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Few Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Several Years
	(c)	

331X
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to July 18, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Trader MD Pocomoke City, Md 7-19-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/21/50

NAME OF CEMETERY OR CREMATORY: St. Mary Episcopal

LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: July 20, 1950

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke City, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07645

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin RFD
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): RFD.

3. NAME OF DECEASED (Type or Print) (First) Rydia (Middle) Maude (Last) Harmon
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7/5/1879
9. AGE last birthday: 71 yrs. If under 1 year: Months 8 Days 2 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newark Md
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Richard T. Harmon.
14. MOTHER'S MAIDEN NAME: Anner Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no.
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Miss. Irene Harmon Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocarditis

431X Antecedent cause(s)

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 7:30 P.M. m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schott (Degree or title) M.D. ADDRESS: Berlin Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/9/50 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Berlin (State) Md

DATE REC'D BY LOCAL REG.: 7-9-50 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md.

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JUL 11 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07646

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Rural #1
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) A. (Last) Hayward

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 14-1887
9. AGE last birthday 62/9/10 yrs. If under 1 year Months. Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Newark, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel T. Bowen
14. MOTHER'S MAIDEN NAME Ella Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr John C. Hayward Newark, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170x Immediate cause (a) Metastatic carcinomatous lesions 6 mo.
Antecedent cause(s) multiple, Generalized
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast, Left, amputated 2 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1949
19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma - left breast c̄ metastasis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to 24 July, 1950, that I last saw the deceased alive on 24 Jul, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE Herman A. Robbins M.D. (Degree or title) ADDRESS 5 Bay St. Berlin, Md DATE SIGNED 25 Jul 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 27/50
NAME OF CEMETERY OR CREMATORY Episcopal
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 7/27/50
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay E. Timmis Snow Hill, ADDRESS Md

RECEIVED
JUL 31 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07647

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shawell
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Maryland~~ COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shawell
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) (Moody) (Last) Howard
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 10, 1872
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Fishing Boat
11. BIRTHPLACE (State or foreign country) Bishopsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Howard
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Joseph Brittingham Bishop Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
153x	Immediate cause	(a) Peritonitis, sec to	4 days
	Antecedent cause(s)		
46e	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon	3 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 July, 1950, to 16 July, 1950, that I last saw the deceased alive on 16 July, 1950, and that death occurred at 2 45 A m., from the causes and on the date stated above.

SIGNATURE Herman A. Robbins (Degree or title) Md. ADDRESS 5 Bay St. Berly, Md DATE SIGNED 17 Jul 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 18, 1950
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. July 17, 1950
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR M. Pasha Watson, Selleyville, Del. ADDRESS

496 V1

74 81
77
64 61

RECEIVED
JUL 19 1950
BUREAU F. S.

07648

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville | LENGTH OF STAY (in this place) 42 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleysville, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Benjamin	Jackson.	July	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3/23/1881	69 yrs.	3	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer.	Farm owner	Parsonsburg Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E. Jackson.	Sarah E. Richardson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. J. B. Jackson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver

156.1 Antecedent cause(s)

46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 1950	Carcinoma	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Wholeysville	Worcester	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 26, 1950, to July 6, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas R. Law		Berlin Md	7-7-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/8/1950	Evergreen	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-50	Helen F. Hayward	Anna A. Burbage	Berlin Md

VS. A15

RECEIVED
JUL 11 1950

ITEM 8: local registrar's insruction from funeral director - filmed G127 8-11-50L

07649

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 855

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Bay St.

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) (Last) Kemp.
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/20/1894
9. AGE last birthday 56 yrs. If under 1 year Months 4 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Clerk Census Bureau
10b. KIND OF BUSINESS OR INDUSTRY Government Service
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U-S A.

13. FATHER'S NAME Dr. Wm F. A. Kemp.
14. MOTHER'S MAIDEN NAME Susan W. Metcalfe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Leonard Kemp Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
350X	Immediate cause	(a) Acute Coronary Thrombosis	15 min
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease c̄ Angina Pectoris	6 mo
		(c) Parkinson's Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 28 July, 1950, that I last saw the deceased alive on 28 July, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Hermanville Robbins M.D. (Degree or title) ADDRESS Berlin, Md DATE SIGNED 29 July 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/30/50
NAME OF CEMETERY OR CREMATORY Episcopalian Churchyard
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 7-30-50
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1960
BUREAU V. S

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07650

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City.
STREET ADDRESS (If rural, give location) Caroline St.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Francis (Last) Quillen
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 13, 1895
9. AGE last birthday 55 yrs. If under 1 year Months 5 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concrete Contractor
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Ocean City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Crippin Cropper.
14. MOTHER'S MAIDEN NAME Harriett Henman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Robert Quillen Ocean City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure.

162x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic carcinoma — 6 mos

47c

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1950, to July, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 11 July 21 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Townsend J. Ocean City Md. July 23 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/23/50
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 7-23-50
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Bunbage ADDRESS Berlin Md.

15649

RECEIVED
JUL 27 1950
BUREAU V. S.

07651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) P. (Last) REDDEN

4. DATE OF DEATH (Month) July (Day) 25, (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 25, 1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J. Redden
14. MOTHER'S MAIDEN NAME Sallie A. Tarr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS RFD 3, Russell R. Redden, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, Intestinal	1 hour
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile	
46 a	(c) Carcinoma, Sigmoid	Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1950, to July 25, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 640 p m., from the causes and on the date stated above.

SIGNATURE Charles W. Trader (Degree or title) M.D. ADDRESS Pocomoke City Md. DATE SIGNED 7-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/28/50
NAME OF CEMETERY OR CREMATORY Goodwill Methodist
LOCATION (City, town, or county) (State) Rural, Pocomoke, Md.

DATE REC'D BY LOCAL REG. July 27, 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke City, Md.

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1950
BUREAU V. S.

07652

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Prealy (Middle) Mae (Last) Richardson
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 22-1875
9. AGE last birthday 74/11/5 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Gumboro Del.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mordecai Davis
14. MOTHER'S MAIDEN NAME Annie Brittingham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr George C Richardson Jr. Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Coronary Thrombosis — 1 day

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Cardio-Vascular Disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25/50, 19....., to 7/27/50, 19....., that I last saw the deceased alive on 7/27/50, 19....., and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) M.D. ADDRESS Snow Hill Md DATE SIGNED 7/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 29/50 NAME OF CEMETERY OR CREMATORY Whatcoat LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/29/50 REGISTRAR'S SIGNATURE L. Roy Smith
24. FUNERAL DIRECTOR Alay E. Timmis ADDRESS Snow Hill, Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1950
BUREAU V. S

07653

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin R.F.D. — LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Florida — COUNTY: Polk.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Florencevilla.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) (Last) Robertson
4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 15, 1919
9. AGE last birthday: 30 yrs. — If under 1 year: Months 10, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: Unloading dirt
11. BIRTHPLACE (State or foreign country): Lloyd, Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Hattie Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.: 267-10-7824
17. INFORMANT: O. Powell, Dam Hauling Co., Berlin Md R.F.D.

Serial No. 34-[illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Struck by automobile

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of Skull — mins.

1700 (c) Compound fracture - both lower extremities

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Walking E. on U.S. Hwy # 50.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): U.S. Hwy 50 — CITY OR TOWN: Ocean City — (COUNTY): Wo. — (STATE): Md
TIME OF INJURY (Month) 7 (Day) 22 (Year) 50 (Hour) 10 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: F. S. Waesche M.D. (Degree or title) (DME) — ADDRESS: Snow Hill Md — DATE SIGNED: 7/22/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/28/50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Winter Haven — (State): Florida

DATE REC'D BY LOCAL REG.: 7-24-50 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Burbage — ADDRESS: Berlin Md

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07654

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington — Green Acres
STREET ADDRESS (If rural give location) 5522 Smallwood Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	W.	Sanford	July	7th	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	White	married	10/1/1901 (1905)	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Writer & Publication	Municipal Court	Washington D.C.	U.S.A.

13. FATHER'S NAME: Joseph W. Sanford.

14. MOTHER'S MAIDEN NAME: Nellie Cowsill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	1944-1946	—	Mrs. J. W. Sanford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	1 hour
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis (angina pectoris)	6 wks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 July, 1950, to 7 July, 1950, that I last saw the deceased alive on 7 July, 1950, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Nathaniel R. Thomas	MD	Ocean City, Md	8 July 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/11/50	Arlington	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-10-50	Helen F. Hayward	Anna D. Burbage	Berlin Md

1/2 98

VS. A15

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JUL 12 1950
BUREAU V. S.

07655

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Ocean City
LENGTH OF STAY (in this place) 2-3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Selbyville COUNTY Del.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Freddie (Middle) D. (Last) Savage
4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sn
8. DATE OF BIRTH 8/15/21
9. AGE last birthday 28 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Craddockville Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Custis Savage
14. MOTHER'S MAIDEN NAME Georgianna Collins.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Len Savage, Georgetown Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Stab wound left chest — INTERVAL BETWEEN ONSET AND DEATH min.

982X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal Hemorrhage.

167

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Argument over money

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rur, Ocean City - 500 yd E, Tyrrhs Lunch room (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 7 (Day) 29 (Year) 50 (Hour) 9-10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Argument over money

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE F. S. Waesche M. D. (Degree or title) (D M E) ADDRESS Snow Hill Md DATE SIGNED 7/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/2/50
NAME OF CEMETERY OR CREMATORY Evergreen Col
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8-2-50
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

26699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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BUREAU Y. S

07656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ESTHER (Last) SHARPLEY

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 3, 1858

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John William Tull

14. MOTHER'S MAIDEN NAME: Nancy Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): No — None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Wm A. Sharpley, Stockton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
442x	Immediate cause	(a) Acute Pulmonary Edema	1 day
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Renal Disease	10 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to July 22, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 10:15 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): John L. LeMar MD — ADDRESS: Snow Hill. — DATE SIGNED: 7/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/25/50 | NAME OF CEMETERY OR CREMATORY: Stockton Methodist Cem | LOCATION (City, town, or county) (State): Stockton, Md.

DATE REC'D BY LOCAL REG.: July 25, 1950 | REGISTRAR'S SIGNATURE: Mary M. Taylor

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke City, Md.

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JUL 31 1950
BUREAU V. S.

07657

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill, Rural #1 — LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) K. (Last) Spry
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 30-1899
9. AGE last birthday: 51/7/25 yrs. — If under 1 year: Months. Days — If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Millington, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Spry
14. MOTHER'S MAIDEN NAME: Effie Casey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 171-10-6951
17. INFORMANT AND ADDRESS: Mrs Ola E. Spry Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 1 day

Antecedent cause(s)

443X 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 3 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Congestive Cardiac failure — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE: Robert M. La Mar (Degree or title) M.D. — ADDRESS: Snow Hill — DATE SIGNED: 7/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 30/50 — NAME OF CEMETERY OR CREMATORY: Bates Methodist — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 7/29/50 — REGISTRAR'S SIGNATURE: O. LeRoy Smith — 24. FUNERAL DIRECTOR: Olay E. Timmins — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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A15

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AUG 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07658

CERTIFICATE OF DEATH

Reg. Dist. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Worcester; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton Md.
LENGTH OF STAY (In this place): All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rual
STREET ADDRESS (If rural give location): Stockton Maryland

3. NAME OF DECEASED (Type or Print): (First) Harriett (Middle) Staten (Last)

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: (Month) Unknow (Day) (Year) 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stockton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Taylor

14. MOTHER'S MAIDEN NAME: Mary Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Thomas Staten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
443x	Immediate cause	(a) Cerebral Vascular Accident	5 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1950, to July 24, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 9:35 A m., from the causes and on the date stated above.

SIGNATURE: Leslie La Mar (Degree or title) MD ADDRESS: Snow Hill DATE SIGNED: 7/24/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: 7/27/50

NAME OF CEMETERY OR CREMATORY: Mount Hope Md.

LOCATION (City, town, or county) (State): Stockton, Maryland

DATE REC'D BY LOCAL REG.: July 26 1950

REGISTRAR'S SIGNATURE: Mary M. Taylor

24. FUNERAL DIRECTOR: Cooper M. West ADDRESS: Salisbury Md.

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